

CORRECTIONAL OFFICER
JOB APPLICANT REQUIREMENTS

1. Minimum age - 19 years old.
2. Applicants must be a citizen of the United States.
3. Applicants must attach a copy of a valid Alabama Driver's License.
4. Applicants must attach three letters of reference with telephone numbers for each reference. These references cannot be the same as on your application and no family members.
5. Applicants must attach a copy of discharge papers if requesting veteran's preference.
6. Applicants must attach a copy of high school diploma or GED certificate.
7. Applicants must pass a drug test as required by the Civil Service Board prior to employment.

BENEFITS

1. Beginning pay: \$15.15/hr. or \$31,516.00/yr.
2. Vacation: after 1 year, 1 week; after 2 years, 2 weeks; after 10 years, 3 weeks; after 20 years, 4 weeks. Accrued vacation cannot be carried over.
3. Sick leave: 15 days if justified. 120 days sick leave can be accrued.
4. Health and dental services for employee and family paid for by the city.
5. Mandatory retirement contribution – RSA Tier 1.
6. Worker's compensation insurance and \$30,000 life insurance provided by city.
7. Holidays: 11 paid annually.

**APPLICATIONS MUST BE RETURNED TO
CITY CLERK'S OFFICE BEFORE 4:30 P.M.**

PLEASE READ INSTRUCTIONS CAREFULLY

CITY OF SHEFFIELD JOB DESCRIPTION

Job Title: Correctional Officer

Office: Police

Job Description Prepared: September 1, 2025

Note: Statements included in this description are intended to reflect in general the duties and responsibilities of this job and are not to be interpreted as being all-inclusive. The employee may be assigned other duties that are not specifically included.

Relationships

Reports to: Police Chief, Jail Administrator, Shift Supervisor

Subordinate Staff: None

Other Internal Contracts: Police Officers, Investigators, Inmate Workers

External Contracts: Other Detention Facilities, Medical Facilities

Job Summary

Under the direction of the Police Chief, Jail Administrator, the employee books, and releases inmates, and completes records when available. Assigns inmates to cells, ensures inmates receive meals and medication, ensures the security of inmates and performs cell checks. The employee also monitors telephone and radio lines, receives complaints, maintains related records. Performs other duties as assigned.

Job Domains

A. Security

1. Processes in arrestees, takes photographs, fingerprints, and completes required forms, when available.
2. Relieves inmates of personal articles, completes receipt, obtains inmate signature, and secures articles when available.
3. Issues uniforms, sheets, and personal items.
4. Locks inmate in appropriate cell.
5. Performs cell checks according to Police Office policy.
6. Ensures inmates take showers and receive meals.
7. Takes head count to ensure all prisoners are accounted for and maintain records.
8. Signs inmates out for work program activities.
9. Supervises Inmate workers, ensures assigned duties are completed.

10. Contact supervisor and informs of sick inmates, calls ambulance and officers to assist in emergencies.
11. Ensures building is secure; checks all doors to ensure they are locked.
12. Checks on day room activities when available.
13. Processes inmates out; ensures records are maintained.
14. Completes incident reports, ensures records are maintained.
15. Contacts supervisor or chief regarding emergencies that may occur.
16. Passes on important shift information to officer on following shift.
17. Passes on all keys to officer assigned to following shift.
18. Provides security during visitation and church services.
19. Reports required repairs to proper personnel.
20. Prepares inmates for transportation to other agencies.
21. Prepares inmates for court and assists in courtroom security.

B. Communications

1. Assists inmates with attorney and court communications.

Jail Maintenance

1. Ensures Inmate Workers maintain proper cleanliness of the jail facilities.
2. Ensures Inmate Workers return cleaning supplies to proper storage areas.
3. Ensures dirty linens picked up and replaced with clean linens once a week.
4. Orders and maintains all jail supplies.
5. Orders and maintains bed linens and coveralls.
6. Supervises and monitors the distribution and return of all supplies.

Knowledge Skills and Abilities **(*Can be acquired on the job)**

1. Ability to communicate effectively with co-workers, supervisors, general public, court personnel and prisoners in person, over the telephone and over two-way radio.
2. Writing skills to clearly and neatly complete routine forms, records, and reports.
3. Reading skills to understand operator manuals, state and county law enforcement directives, procedures, and instructions.
4. Math skills to perform arithmetic functions including prisoner account reconciliation, receipting without supervisor.
5. Ability to work independently without supervision.
6. *Knowledge of first aid and CPR.
7. *Knowledge of commission and Police Office Policy and regulations.
8. Basic knowledge of other departments' functions and responsibilities.
9. *Knowledge of modern approved principals, practices, and procedures of corrections and related laws and guidelines.
10. *Knowledge of disaster and emergency procedures.
11. Ability to conduct shake-down searches of cellblocks, seizing contraband and evidence as required.
12. *Knowledge of use of handcuffs, leg irons, waist chains, restraint chairs, etc.

13. *Knowledge of use and laws related to chemical defense sprays.
14. Ability to deal with individuals with a wide variety of educational, racial, ethnic, and social backgrounds.
15. Ability to remain calm and defuse potentially dangerous situations.
16. Ability to comprehend information given over the phone or radio.
17. *Knowledge of radio codes and related terminology.
18. *Knowledge of the City, its buildings and street system.
19. *Basic knowledge of computers.

Other Characteristics

1. Emotional stability to work in highly stressful and dangerous situations.
2. Ability to work overtime, holidays, weekends and during emergencies.
3. Ability to comply with departmental rules, regulations, and uniform standards.
4. Ability to travel to attend training seminars.
5. Ability to work rotating shifts or nonstandard shifts.

ACKNOWLEDGMENT AND AUTHORIZATION

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

I hereby freely authorize release to the City of Sheffield of consumer reports and/or investigative consumer reports as part of its evaluation of my application for employment, continued employment, promotion, or volunteer status. I also authorize disclosure to the City of Sheffield and/or to Risk Mitigation Services, Inc. or its agents, information that the City of Sheffield deems pertinent to its consideration of my application for employment, continued employment, promotion, or volunteer status including, but not limited to: my employment history, earning history, education, motor vehicle driving license and record, criminal history, social media activity, public records, records of administrative adjudications, by any individual, corporation, or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; international, federal, state and local courts; the military; motor vehicle records agencies; credit bureaus, and other applicable sources.

I understand this authorization will apply throughout my employment status or volunteer status to the extent permitted by law, unless revoked or canceled by sending a signed revocation letter or statement to the City of Sheffield. I understand to the extent allowed by law, information contained in my job application or that I have otherwise disclosed before, during, or after my employment or volunteer status, if any, may be used to obtain consumer reports and/or investigative consumer reports.

I understand that providing false information or omitting material information on my employment application materials or volunteer materials or as part of the employment process is grounds for rejecting employment, terminating employment, or rejecting volunteer status whenever discovered.

This Authorization form, in original, faxed, photocopied, or electronic form, will be valid for any reports that the City of Sheffield may request. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Applicant Signature - Acknowledgment and Authorization

First Name (please print)	Middle Name	Last Name
Social Security Number		Date of Birth
Street Address		City/State/ZIP
Signature		Date

BACKGROUND REPORT DISCLOSURE STATEMENT

Please read the information on this form carefully. It describes your rights as a consumer.

City of Sheffield uses Risk Mitigation Services, Inc. to conduct background investigations as part of its hiring or volunteer process. Such background investigations are covered by Section 603 of the federal Fair Credit Reporting Act (FCRA) and are termed "consumer reports" and/or "investigative consumer reports". Risk Mitigation Services, Inc. is a "Consumer Reporting Agency" (CRA) covered by the FCRA. The City of Sheffield uses the background reports provided by Risk Mitigation Services, Inc. for employment, continued employment, promotion, or volunteer purposes. City of Sheffield will procure the report from:

Risk Mitigation Services, Inc.,
PO Box 2129
Muscle Shoals, AL 35662
Tel. 866-383-1180
www.riskmitigation.us

Under Section 603 of the FCRA, a consumer report or consumer investigative report is an independent investigation of your background, which may include information regarding your "character, general reputation, personal characteristics, or mode of living." The background report that Risk Mitigation Services, Inc. provides may contain information about your driving record, civil and criminal legal and court records, criminal conviction records, education, professional or employment-related credentials, credit history, identity, locations and addresses where you have lived, Social Security number, education history, previous employment, drug screening, obtained information from social media and other internet sources or other public records.

The FCRA requires that if City of Sheffield denies you employment, continued employment, promotion, or volunteer position as a result of information contained in a background report, you must be provided with a copy of the report, a summary of your rights under the FCRA, and the name, address, and telephone number of the consumer reporting agency that furnished the report and be given a reasonable opportunity to respond to disputed information contained in the report.

I hereby consent to your obtaining the above information from Risk Mitigation Services, Inc.

Applicant Signature -Disclosure Statement

First Name (please print)	Middle Name	Last Name
Signature		Date

RELEASE OF INFORMATION FORM

DATE: _____

I do hereby permit any authorized representative of the Sheffield, Alabama, Police Department, City of Sheffield, Alabama 35660, bearing this release or copy thereof, within one (1) year of its date, to obtain any information in your files or records pertaining to my employment, including personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Sheffield, Alabama, Police Department. I hereby release you, as custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result me, my heirs, family, or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it.

SIGNED

SHEFFIELD POLICE DEPARTMENT
SUPPLEMENT TO APPLICATION

DATE: _____

NAME: _____

DOB: _____

ADDRESS: _____

PHONE: _____ SSN #: _____ HEIGHT: _____ WEIGHT: _____

DRIVERS LICENSE # _____ EMAIL ADDRESS: _____

MARITAL STATUS: _____ # OF CHILDREN: _____ IF MARRIED, YOUR SPOUSES MAIDEN NAME:

_____ AND DATE OF BIRTH: _____ SPOUSES OCCUPATION AND PLACE

OF EMPLOYMENT: _____

MILITARY SERVICE: _____ WHEN: _____ BRANCH: _____ TYPE OF DISCHARGE:

_____ DATE: _____

ACTIVE RESERVE: _____ NATIONAL GUARD: _____

UNIT: _____

DID YOU GRADUATE FROM HIGH SCHOOL? _____ IF NO, DO YOU HAVE A GED CERTIFICATE? _____

CAN YOU FURNISH A COPY? _____ COLLEGE: _____

WHERE? _____ OR CREDIT HOURS _____

PRIOR POLICE EXPERIENCE? _____ DEPARTMENT: _____

POLICE ACADEMY: _____ WHERE: _____

DO YOU NOW USE DRUGS? _____ HAVE YOU EVER BEFORE? _____

IF SO, WHAT KIND? _____ DO YOU NOW CONSUME ALCOHOLIC BEVERAGES? _____

LIQUOR? _____ BEER? _____ ARE YOU NOW AN ALCOHOLIC? _____

ARE YOU AN ADDICT? _____ HAVE YOU EVER BEEN TREATED FOR ALCOHOL OR DRUG ADDICTION? _____

HAVE YOU EVER BEEN FIRED OR DISCHARGED FROM A JOB? _____ WHEN: _____

WHERE: _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 7 YEARS, OTHER THAN A MINOR TRAFFIC VIOLATION? IF YES, DESCRIBE IN FULL: _____

CONVICTION(S) RECORDS ARE NOT NECESSARILY A BAR TO EMPLOYMENT.

HAVE YOU EVER BEEN ARRESTED: _____ FOR? _____

WHERE: _____ DO YOU PRESENTLY HAVE ANY CHARGES PENDING AGAINST YOU ANYWHERE: _____ HAVE YOU EVER BEEN INDICTED BY A GRAND JURY FOR ANY CHARGE: _____ HAVE YOU EVER BEEN CONVICTED OF A FELONY: _____ OR A CRIME OF MORAL TURPITUDE: _____ IF YES, WHAT:

HAVE YOU EVER BEEN A MENTAL PATIENT OR TREATED FOR MENTAL DISORDER? _____

WHEN: _____ WHERE: _____

ARE YOU NOW RECIEVEING TREATMENT FOR A MENTAL CONDITION? _____

DO YOU HAVE EPILEPSY: _____ HAVE YOU EVER BEEN TREATED FOR SUCH? _____

DO YOU HAVE DIABETES: _____ HIGH BLOOD-PRESSURE _____ OR BEEN TREATED FOR SUCH: _____ DO YOU TAKE ANY MEDICATION DAILY? IF YES LIST ALL MEDICATIONS:



EMPLOYMENT APPLICATION

We are an equal opportunity employer. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin or physical defects.

Application Information

Full name:	<div><div>Last</div><div>First</div><div>M.I.</div></div>	Date:	
Address:	<div><div>Street address</div><div>Apt/Unit #</div></div> <div><div>City</div><div>State</div><div>Zip Code</div></div>	Phone:	
		Email:	
Date Available:		S.S. no:	
		Desired salary:	\$
Position applied for:			

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever been employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? <div></div>
Are you related to any employee here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, who? <div></div>

Education

High school:		Address:	
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma: <div></div>
College:		Address:	
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: <div></div>
Other:		Address:	
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: <div></div>

References

Please list three professional references.

Full name:		Relationship:	
Company:		Phone:	
Address:		Years Known	

Full name:		Relationship:	
Company:		Phone:	
Address:		Years Known	

Full name:		Relationship:	
Company:		Phone:	
Address:		Years Known	

Previous Employment

Company:		Phone:	
Address:		Supervisor:	
Job title:		From:	To:
Reason for Leaving:			
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company:		Phone:	
Address:		Supervisor:	
Job title:		From:	To:
Reason for Leaving:			
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Reason for Leaving: _____			
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Military Service

Branch:	_____	From:	_____ To: _____
Rank at discharge:	_____	Type of discharge:	_____
If other than honorable, explain: _____			
Present Membership in the National Guard or Reserve: _____ Contract end date: _____			

If I am entitled to veteran's preference on an examination, I must furnish my honorable discharge or DD Form 214 no later than the day of the examination.

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand I must demonstrate my fitness for the position and any appointment offered me will be contingent upon the results of a complete character and fitness investigation.

Signature:	_____	Date:	_____
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